

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.G.E.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-025-27990

I. Operator
Phillips Petroleum Co.
Address
Room 401, 4001 Penbrook St., Odessa, TX 79762

Reason(s) for filing (Check proper box)		Change in Transporter of: *		Other (Please explain)
<input type="checkbox"/> New Well		<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Cancel East Lusk Well completion acreage factor = 25 (K-8545) 2/1/88
<input checked="" type="checkbox"/> Recompletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership		If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 1-2	Well No. 1	Pool Name, including Formation Undesignated Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. L-G888
Location Unit Letter <u>E</u> : 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>19-S</u> Range <u>32-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	4001 Penbrook Odessa, TX 79762
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co. <i>W. J. Mueller</i>	4001 Penbrook Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>2</u> Twp. <u>19S</u> Rge. <u>32E</u>	Yes 1-13-84

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature] W. J. Mueller
(Signature)
Engineering Supervisor, Reservoir
(Title)
April 16, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 30 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		X					X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
11-10-82	reperf'd 3-14-87	13670'				9935'			
Elevation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
3691GR, 3712 RKB	Bone Springs	8145'							
Particulars						Depth Casing Shoe			
8145-9251									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/4" 48# & 54#	444'	450 sk "C"
11"	8-5/8" 32#	5040	612 sk "H", 1260 sk LW
			+ 100 sk "C"
7-7/8"	5 1/2" 17#	13670'	1600 sk "H"

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-5-87	4-7-87	2 1/2" X 1 1/2" X 20' X 24' pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-----	-----	-----
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	3	34	8

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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APR 21 1987
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